



VITAMIN D PRESCRIBING GUIDANCE for adults (>18yrs)

For treatment options for strict vegan patients, please seek further advice from the Prescribing Advisor

NHS Rotherham CCG does not support prescribing of vitamin D products for the management of vitamin D **insufficiency** or as a maintenance therapy - all patients should receive lifestyle advice to supplement vitamin D and be advised to purchase these products over the counter as part of Self-Care. The prescribing of treatment (loading) course of vitamin D in **deficiency** is supported by the CCG.

Routine testing for vitamin D level is NOT RECOMMENDED in any patients unless:

SYMPTOMATIC:

- chronic bone pain
- muscle weakness
- chronic widespread pain
- hypocalcaemia

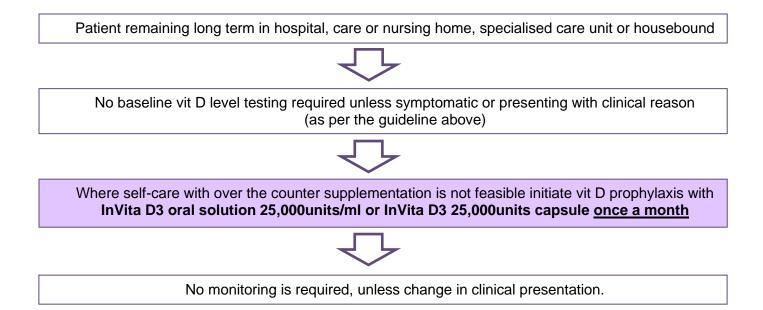


- CLINICAL REASON:
- prior to initiation of antiresorptive agent (i.e. i.v. zolendronic acid, denosumab, oral bisphosphonates)
- osteomalacia
- high risk of fracture/ osteoporosis
- recurrent falls
- chronic liver or renal disease
- long term treatment with anti-epileptics/ oral steroids/ rifampicin/ isoniazid/ highly active anti-retroviral treatment
 malabsorption syndromes

Serum 25-OHD level	Vit D status	Recommendation	Monitoring
<25 nmol/L	DEFICIENCY	Rx loading dose treatment as InVita D3 oral solution 50,000units/ml or InVita D3 50,000units capsule <u>once</u> <u>weekly</u> for six weeks followed by self-care substitution with over-the-counter supplements providing vit D 1000units (25micrograms) daily. Provide lifestyle advice incl. vit D PIL.	 adjusted serum calcium four weeks after completing the loading regimen. If Ca2+ > normal range, check PTH level, refer to endocrinology and advise patient to stop vit D supplementation. re-testing 25-OHD not required unless patient remains symptomatic
25-50 nmol/L If symptomatic or presenting with clinical reason treat as for vit D deficiency	INSUFFICIENCY associated with risk of deficiency and linked disease risk but may be adequate in some individuals	Self-care with over-the-counter supplements providing vit D 1000units (25micrograms) daily. Provide lifestyle advice incl. vit D PIL.	None, unless change in clinical presentation.
> 50 nmol/L	SUFFICIENCY	No treatment required. Provide lifestyle advice incl. vit D PIL. Self-care with over-the-counter supplements providing vit D 400units (10micrograms) daily over autumn and winter months for most adults and all year round for at high risk groups. Consider vit D+calcium for patients with osteoporosis/ on bisphosphonate therapy.	None, unless change in clinical presentation.

REFER to secondary care patients with deficiency or insufficiency <u>and</u> any of following conditions:
 malabsorption syndromes • short bowel • cholestatic liver disease • parathyroid disorders • CKD with eGFR<30ml/min • TB • sarcoidosis

VITAMIN D SUPPLEMENTATION IN PATIENTS RECEIVING INSTITUTIONAL CARE OR HOUSEBOUND



VITAMIN D SUPPLEMENTATION IN PREGNANCY

Vitamin D supplementation advice should be provided at booking. Routine testing for vitamin D is not recommended unless symptoms or clinical reasons (as listed in this guidelines above).

Serum 25-OHD level	Vit D status	Recommendation	Monitoring
<25 nmol/L	DEFICIENCY	Rx loading dose treatment: 1 st line: Fultium D3 3200units capsules – one <u>once daily</u> for five weeks (supply total of 35 capsules) halal and kosher certified, suitable for patients with peanut allergy but not suitable for vegetarians/ vegans 2 nd line: Desunin 800units tablets - four tablets <u>once daily</u> for five weeks (supply total of 140 tablets) gelatine free, suitable for patients with peanut allergy and vegetarians Followed by self-care substitution with over-the-counter supplements providing vit D 1000units (25micrograms) daily throughout pregnancy and thereafter. Provide lifestyle advice and vit D PIL.	 re-test 25-OHD on completion of loading dose adjusted serum calcium four weeks after completion of loading regimen. If Ca2+ > normal range, check PTH level, refer to endocrinology and advise patient to stop vit D supplementation.
25-50 nmol/L If symptomatic or presenting with clinical reason treat as for vit D deficiency	INSUFFICIENCY	Self-care with over-the-counter supplements providing vit D 1000units (25micrograms) daily throughout pregnancy and thereafter. Provide lifestyle advice and vit D PIL.	None, unless change in clinical presentation.
> 50 nmol/L	SUFFICIENCY	Self-care with over-the-counter supplements providing vit D 400units (10micrograms) daily throughout pregnancy and breastfeeding. Provide lifestyle advice and vit D PIL. Can be obtained through Healthy Start vitamins scheme for eligible families. Antenatal team to provide 2 months' supply of multivitamins for the mother.	None, unless change in clinical presentation.

Women at high risk of vitamin D deficiency and risk of pre-eclampsia should be advised to self-care with over-the counter supplements providing vit D 1000units (25micrograms) daily throughout pregnancy. Prescribing of treatment doses is not recommended for risk prophylaxis.
 Risk factors: ● increased skin pigmentation ● obesity with BMI ≥30kg/m² ● reduced exposure to sunlight

▲ REFER to obstetric consultant pregnant women with deficiency or insufficiency and any of following conditions: • malabsorption syndromes • short bowel • cholestatic liver disease • parathyroid disorders • CKD with eGFR<30ml/min • TB • sarcoidosis</p>